MISSOURI DIVISION OF HEALTH DEPARTMENT OF PUBLIC HEALTH AND WEL

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4. FUNERAL DIRECTOR ADDRESS 25 DATE RECD. BY LOCAL REG. 28. REGISTRAR'S SIGNATURE	Le La La Language Lan	- 1 M 7	18 1963	the Walder

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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working under my	personal supervision.	
Student		Signed Kaymond Crews
	Signature of Student Embalmer	Licensed Embalmer No. 3467
	•	P. O. Address Letaston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.